

104 CMR 32.03

For Department Use Only

() APPEAL to Commissioner

OR

() APPEAL to Director of Licensing

Log# _____

Date Received: ____ / ____ / ____

Received By: _____

Decision being Appealed:

() Decision by Director of Licensing issued on Appeal of Decision by P.I.C. (Appeal to be filed with the Commissioner)

() Decision by Director of Licensing after Investigation by Office of Investigations (DMH Licensed Facilities and Programs) - Note that these appeals should be filed with the Commissioner.

() Decision by P.I.C. after investigation by Licensed Facility OR Program - Note that these appeals are to be filed with the Director of Licensing

(Use back of this form or other pages to provide additional information if there is not enough room below.)

1. Name(s) of person(s) appealing:

Address & Telephone #

a. _____

b. _____

c. _____

2. Name and address of facility/program where complaint originated: _____

3. Date original complaint filed: _____

4. Date and Log # of Investigation Report: _____

5. Date of Decision by Person in Charge: _____

Name & Title of Person in Charge: _____

6. Date of decision on reconsideration request (if any and if known): _____

7. Reason for appeal (be as specific as possible; use back of form if necessary): _____

(7. Reason for Appeal - Continued)

[illegible]

8. Supplemental Information: _____

REGULATORY AUTHORITY

104 CMR 32.00, M.G.L. c. 19, S.1 and M.G.L. c. 123, S. 2.